

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2006 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)	Docket Number (Optional) 564462012800
Application Number 10/576,122	Filed (Int'l) October 20, 2004
For METHODS FOR MAKING SIMVASTATIN AND INTERMEDIATES	
Art Unit Not Yet Assigned	Examiner Not Yet Assigned
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):	
	<u>Fee</u> <u>Small Entity Fee</u>
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$120 \$60 \$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450 \$225 \$ _____
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020 \$510 \$ _____
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590 \$795 \$ _____
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160 \$1080 \$ 1,080.00
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.	
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>03-1952</u> . <div style="margin-left: 400px;"> I have enclosed a duplicate copy of this sheet. Fee — Transmittal form (PTO/SB-47) is attached to this submission in duplicate. </div>	
I am the <input type="checkbox"/>	applicant/inventor.
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
<input checked="" type="checkbox"/>	attorney or agent of record. Registration Number <u>38,440</u>
<input type="checkbox"/>	attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____ .
<div style="display: flex; justify-content: space-between;"> /Gregory P. Einhorn/ Signature May 23, 2007 Date </div> <hr/> <div style="display: flex; justify-content: space-between;"> Gregory P. Einhorn Typed or printed name (858) 720-5133 Telephone Number </div>	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	
<input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.	